So eliminative functions should be kept in good repair, if possible, when almost any kind of a hypnotice is given, particularly such as are likely to add some toxic material to the system; but the ideal sleep procurer would be one that abstracted nothing from the nervous system that it contained normally, nor added thereto anything deleterious; and as sleep is a process of repair or feeding of the nerves and their ganglionic centres, still more effective would be whatever caused sleep by repair of such waste; and unless credible evidence to the contrary appears in the course of time, we are in possession of such a hypnotic as chloralamide.—S. V. Cleaverage, M.D., in *Jour. Am. Med. Assoc.*

DYSMENORRHŒA—ITS CAUSES, SYMPTOMS AND TREATMENT.

Gentlemen: The patient I am going to show you this morning has been operated on in the hospital of this college some eight weeks ago. She is twenty-five years of age, a widow, and came to me with a history of intense pain in the side and a very severe dysmenorrhœa. She has been suffering in this way for three years, has been married for four years, and has not given birth to a child.

When I came to examine her I found that both tubes and ovaries were very much prolapsed and rolled down in the cavity behind the broad ligament. The cervical portion of the uterus was small, the organ bent, and a stricture existed at the internal os.

I sent her to the hospital and performed the operation of dilatation. I curetted and packed the uterus, opened the abdomen, and broke up the adhesions about the organ. I tried to save the appendages for her, but has she had suffered from pelvic peritonitis, the fimbriated extremities of the tubes were bound down to the posterior surface of the ovary, and the anterior surface of the ovaries to the broad ligament posteriorly, so that the ovary was completely adherent to the surface of the tube. I found that both ovaries had undergone cystic degeneration with induration of the capsules. As there was nothing I could do for these organs with any prospect of cure, I removed them. She now comes here that we may see her condition and note the result.

As we have here a case that illustrates dysmenorrhœa, I want to say a few words on the subject. This is one of the most frequent pathological conditions in gynæcology that you will be called upon for advice and treatment, and is a subject of very great importance. There are so many varieties of dysmenorrhœa that I hardly know where to begin. They are always difficult to relieve without surgical procedures, and even then you sometimes meet with failure.

You all know what is meant by the term dysmenhorrœa, which simply denotes painful menstruation. You have to arrive at the true cause of this trouble by the process of exclusion.

To make a diagnosis of the form of dysmenorrhœa in a young girl you have to proceed in a different manner than you would with a married women. For you must bear in mind that dysmenhorrœa, means, so far as the patient is concerned, simply pain at menstruation, while in your mind it represents half a dozen different diseases; so you have to be careful making a diagnosis and selecting your treatment.

For that reason I generally begin my examination in the following way: I commence by asking the patient at what age she commenced to menstruate, the average age in this country being between thirteen and fourteen, according to my clinical experience.

The next question I ask is the duration of the flow, and the average here is between three and four days; but if it exceeds that time you have then to remember there is a menorrhagia present.

The next question is the amount of the flow and the color of the blood, whether it is pale or dark in color or bright red, in order to determine whether this painful form of menstruation is attended with loss of mucus or loss of blood. Then I ask the location of the pain complained of, and you will sometimes find the patient's statement on this subject very indefinite. The pain of dysmenorrhœa will be generally felt most intensely either over the pubic bone, in the back, or running down the legs. Patients say that it is most acute in one, or perhaps more than one, of these localities.

The next question that naturally follows in rotation, and which is most important in guiding you to a diagnosis, is at what time the pain commences, whether before, with, or after the flow. The answer to this question will enable you to locate the point from which the pain originates. Pain preceding the flow appears to be located directly over the pubic bone. Pain that disappears with the establishment of the flow is almost invariably due to a stricture of the internal os, to anteflexion or deformity. Pain coming on with the flow and continuing with it, but disappearing with its cessation, almost invariably, so far as my clinical experience teaches me, is due to disease within the uterus.

Pain in the sides coming on before the flow and extending down the limbs is more frequently found in married women, who have had frequent childbirths, or have had a miscarriage. Such a pain I have found to be almost invariably associated with tubal and ovarian disease; and even in single women who have had no miscarriage, but have suffered from such a pain in the sides extending down the limbs, you will find ovarian disease